

Timothy P. Cahill  
*Treasurer and Receiver General*

*Commonwealth of Massachusetts*  
*Department of the State Treasurer*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
Telephone: (617) 727-3040  
Fax: (617) 727-1258

Eddie J. Jenkins  
*Chairman*

## RAILROAD/CAR APPLICANTS PROCEDURES FOR APPLYING FOR/OR RENEWAL OF A LICENSE

Enclosed application is to be completed when applying for a new license and renewal of a license.

The following must be submitted with your application:

1. LICENSE FEE: MASTER LICENSE: \$500.00 plus \$50.00 for each Certified Copy, (Must have a Certified Copy on each vehicle which is transporting alcoholic beverages.) Payable to the Commonwealth of Massachusetts.
2. NEW APPLICANTS - If a corporation - approved copy of Articles of Organization issued by the Secretary of State in Massachusetts.  
(RENEWAL APPLICANTS: need only submit Articles of Organization if there are changes/amendments in the articles currently on file.
3. Requirements of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188 ("the Bioterrorism Act of 2002").

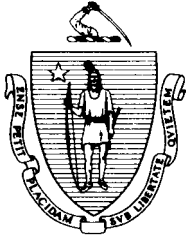
Renewal applications must be submitted by November 30th of the calendar year.

IMPORTANT - payment and mailing procedures - all applicants must complete the enclosed monetary transmittal form, attach your payment and application to the transmittal form and mail to:

ALCOHOLIC BEVERAGES CONTROL COMMISSION  
POST OFFICE BOX 3396  
BOSTON, MA 02241-3396

OUR WEBSITE ADDRESS: [www.mass.gov/abcc](http://www.mass.gov/abcc)

If you should need assistance on applying for or renewing a license, please contact, Theresa Strianese, (617) 727-3040 x 21.



2005

RAILROAD OR CAR LICENSE APPLICATION  
(M.G.L. CH. 138 SEC. 13)

APPLICANT NAME: \_\_\_\_\_  
(TYPE OR PRINT)

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER (AREA CODE): \_\_\_\_\_

The undersigned, being a railroad or car corporation operating a line of railroad or cars within the Commonwealth, hereby applies for a license to sell alcoholic beverages to passengers for consumption in its cars.

Describe the cars to be licensed (Give their names or numbers, and state whether they are dining, club, buffet, or lounge cars.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The foregoing statements made under the penalties of perjury.

Signature: \_\_\_\_\_  
(Title) Date

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

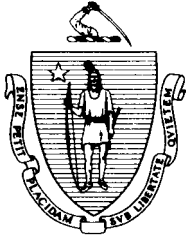
\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Individual  
or Corporate Name Date

\_\_\_\_\_  
Federal Identification Number

By: \_\_\_\_\_  
Corporate Officer Date  
(if applicable)

FEE: \$500.00 plus \$50.00 (certified copy for each car) Payable to the Commonwealth of Massachusetts.



2005

RAILROAD TRANSPORTATION APPLICATION  
(M.G.L. CH. 138, SEC. 22)

NAME OF RAILROAD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER (AREA CODE) \_\_\_\_\_

The undersigned being a Railroad Company

\_\_\_\_\_, hereby applies for a permit  
NAME OF RAILROAD COMPANY

to TRANSPORT alcoholic beverages not to be consumed by passengers for their Railroad

Car \_\_\_\_\_ during the year 20\_\_\_\_.

Have you registered with the Food and Drug Administration? \_\_\_\_\_

FDA Registration No. \_\_\_\_\_ Date of Registration: \_\_\_\_\_

The foregoing statements are made under the penalties of perjury.

Signature \_\_\_\_\_ (DATE)

Title \_\_\_\_\_

IMPORTANT NOTICE PAYMENT AND MAILING PROCEDURES

**All applicants must complete a monetary transmittal form. Attach your payment and application to the transmittal form and mail to:**

**ALCOHOLIC BEVERAGES CONTROL COMMISSION  
POST OFFICE BOX 3396  
BOSTON, MA 02241-3396**

**FEE: \$1,500.00 (check payable to the Commonwealth of Massachusetts)**

# MONETARY TRANSMITTAL FORM 1

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:  
ALCOHOLIC BEVERAGES CONTROL COMMISSION  
POST OFFICE BOX 3396  
BOSTON, MA 02241-3396

*APPLICANT MUST COMPLETE THE FOLLOWING:*

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY:	DATE:	

LICENSE NAME	REV. CODE	# OF PERMITS REQUESTED	FEE AMOUNT	TOTAL
AIRLINE MASTER FOR SALE TO				
PASSENGERS	3094	_____	\$ 500.00	\$ _____
AIRLINE (EACH FLIGHT)	3094	_____	\$ 50.00	\$ _____
BROKERS	3007	_____	\$ 5000.00	\$ _____
BONDED WAREHOUSE	3095	_____	\$ 1000.00	\$ _____
SALESMAN	3011	_____	\$ 200.00	\$ _____
TRANSP. FOR SALESMAN	3097	_____	\$ 150.00	\$ _____
RAILROAD MASTER FOR SALE TO				
PASSENGERS	3009	_____	\$ 500.00	\$ _____
RAILROAD (EACH RR CAR)	3009	_____	\$ 50.00	\$ _____
STEAMSHIP	3010	_____	\$ 500.00	\$ _____
SHIP CHANDLER	3099	_____	\$ 1000.00	\$ _____
TRANSPORTATION & DELIVERY	3097	_____	\$ 150.00	\$ _____
WAREHOUSEMAN	3095	_____	\$ 500.00	\$ _____
PERMIT TO TRANSPORT NOT FOR CONSUMPTION				
RR, SHIP, OR AIRLINE	3097	_____	\$ 1500.00	\$ _____
CHECK TOTAL				\$ _____